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EXHIBIT 2

MARTHA: Okay, and my name is Martha with Primera Insurance

MERANDA: Okay.

MARTHA: and today's date is the 20th of July of '06, and the time is 1:12, and Meranda Jackson you give me permission to record this call with you?

MERANDA: Yes, I do.

MARTHA: Okay, thank you, and then we received, of course, a call from the attorney that they represented Miran, excuse me, Christine.

MERANDA: Okay.

MARTHA: Okay, and Miranda, who is she?

MERANDA: That is my mother-in-law.

MARTHA: Mother-in-law, okay. And, now, where were you when she took the vehicle?

MERANDA: I was sleeping, actually. We had went, I, I, her children and I and my kids had went to church that day. It was on a Sunday. I came home and back to her house and took a nap with my children and when I woke up my car was gone and she, she took the car and I was frantic trying to find it and her daughter end up, because no one was there, her daughter came around the corner a couple hours later when I was freaking out because I had no clue where my car was and she said that her mom was in the hospital, that she totaled my car, so I had to go down to the hospital and she had, you know, injuries or what not, and I ended up having to find out, I've, I had been waiting for awhile for them to accept liability, the other party, because it wasn't my mother-in-law's fault, it was the other party, but they weren't accepting liability at first so

MARTHA: Okay, so then they finally did pay for your car then?

MERANDA: Well, not yet.

MARTHA: Okay.

MERANDA: I was waiting for the title in the mail because I didn't have the title.

MARTHA: Oh.

MERANDA: So I have to send them the title in order to get my check but, yeah, they'll be

MARTHA: Okay

MERANDA: paying for it eventually, as soon as I send them the title.

MARTHA: Did they give you an estimate amount, what, what it was?

MERANDA: What my car is worth?

MARTHA: Yeah, or did they tell you how much it would be if it was a total loss? Did they tell you what the estimate amount was then?

MERANDA: Yes.

MARTHA: Do you remember what that was?

MERANDA: Like, estimate around \$10,000.

MARTHA: Okay.

MERANDA: Yeah, because my car was paid off. I'm actually losing

MARTHA: Oh.

MERANDA: on the long run because I had a 2004 Hyundai that only had 30,000 miles and 100,000 mile bumper-to-bumper warranty, so I'm actually losing out, you know.

MARTHA: Okay, so you are the owner then, Miranda, of the vehicle?

MERANDA: Yes.

MARTHA: Okay, and so has Christine driven before, the vehicle?

MERANDA: She had driven it before. I had actually called the police that day because I was going to call and, I, report it stolen, but they told me that I couldn't report it stolen because of the situation, because she was, you know, pretty much a family member and so that, I, I would have to come in and fill out a report saying that she took it without owner's consent

MARTHA: Okay.

MERANDA: and with her injuries and everything I, I never did. I had actually, right after that, I had moved to California for a little while and now I'm back in Vegas, but yeah, I was, I was pretty mad.

MARTHA: Okay.

MERANDA: But I never did go and file a police report. I was told that I should've by a few people, you know.

MARTHA: So was this the first time she drove the vehicle, or did she

MERANDA: She, she's driven it probably once before to drive it around, drive her kids around the corner, you know, but, yeah, no, she, she didn't drive my car on a normal basis or nothing, no.

MARTHA: Okay, and was this the, the home number that I reached you at, or is this a cell number that

MERANDA: It's my mom's home number where I'm staying right now. I just, like I said, I just came back from California so I'm staying here temporarily.

MARTHA: And, let's see here, I think that's, and then the other party, is that, is it AAA?

MERANDA: Uh hmm.

MARTHA: Okay.

MERANDA: So why are, why are they contacting you guys, what's

MARTHA: Well because they always have to contact us, each, you know, insurance

MERANDA: So I'm just making sure that she's not trying to sue my insurance company on top of it. I know her medical bills are very, very high. She has to have a hip replacement. She's already had like three or four surgeries. She was really hurt in the accident and, you know, I was told by a couple people, that, you know, that I should have gone and filed a police report or what not for, to, to keep from them suing me. I would hope that she wouldn't do something like that, but you never know.

MARTHA: Well I could, there is a claim set up and I can, if you want to talk to the adjuster, I guess you could ask them and they would be able to tell you about that.

MERANDA: The adjuster for your company?

MARTHA: Yes, because there is, of course, we have to set up a claim you know.

MERANDA: Right, right, of course.

MARTHA: For our side.

MERANDA: Okay, let me, let me get that, yeah, because I would, I would actually like that

MARTHA: I'm sure she would be able to help you on that.

MERANDA: Because I'm not going to be held liable for it when, I mean, I would hope that she wouldn't do something like that, but you know how people are when it comes to money.

MARTHA: Uh hmm.

MERANDA: Okay, what, what's the phone number?

MARTHA: The claim number is 2301

MERANDA: Okay.

MARTHA: And then the adjuster's name is Kristin. Her last name is Weigel.

MERANDA: Okay.

MARTHA: And, if you want me to transfer you over, I sure can.

MERANDA: Actually, I'm getting ready to go to a job interview.

MARTHA: Okay, well then you can call back then.

MERANDA: Okay.

MARTHA: And then, you know, you can talk to her and find out for sure since she has an attorney.

MERANDA: Right.

MARTHA: You can ask, of course, what's going on since this is, of course, you had a policy with us on your vehicle.

MERANDA: Exactly.

MARTHA: You should be aware of anything that's going on.

MERANDA: Definitely. What's the phone number?

MARTHA: 1-800-727-4455.

MERANDA: Okay, and does she have a particular

MARTHA: Extension?

MERANDA: Extension?

MARTHA: 3206.

MERANDA: Say that one more time.

MARTHA: 32

MERANDA: Okay.

MARTHA: 06

MERANDA: Okay.

MARTHA: And, okay, so Miranda, I'll note here that she didn't have permission to use the vehicle then?

MERANDA: Okay.

MARTHA: Was that what you stated?

MERANDA: Yes.

MARTHA: Okay.

MERANDA: She did not. She had used it earlier that day and came back and, like I said, I laid down for a nap and then I woke up and my car was completely gone so she

MARTHA: And she doesn't live with you, right, or ever did?

MERANDA: No, we don't live together.

MARTHA: Okay.

MERANDA: But I was at her house laying down with my

MARTHA: Okay.

MERANDA: kids, her, her, my kids are her grandchildren so, yeah.

MARTHA: Okay, well if you want to just call later then after your

MERANDA: Okay.

MARTHA: appointment, okay.

MERANDA: Okay.

MARTHA: Thank you for your time.

MERANDA: Okay, thank you.

MARTHA: Okay, bye.

MERANDA: Bye, bye.

EXHIBIT 3

Event Number: 080604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 5/21/03</small>				Accident Number: LVMPD-060604-2238	
Code Revision:						<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal	
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 1) Preliminary Report <input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property	Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT		
Collision Date 6/4/2006	Time 16:50	Day SUNDAY	Beat / Sector V4	<input type="checkbox"/> County <input checked="" type="checkbox"/> City Las Vegas	Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	Intersection <input checked="" type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) T-Intersection <input type="checkbox"/> 3) Roundabout <input type="checkbox"/> 4) Other	Paddle Markers <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Side <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Other
Mile Marker	# Vehicles 2	# Non Motorists 0	# Occupants 2	# Fatalities 0	# Injured 2	# Restrained 2	
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot GARWOOD							
<input checked="" type="checkbox"/> 1) Intersection With: N/A Of (Cross Street) RANSOM <input type="checkbox"/> 2) Dr 0 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input type="checkbox"/> 5) Approximate							
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Ice <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input checked="" type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes: 4		Average Roadway Width Travel Lane: 20 Ft Storage / Turn Lane: 0 Ft Median: 0 Ft Paved Shoulder: Inside 0 Outside 0	
Roadway Grade <input type="checkbox"/> 1) Not Determined <input checked="" type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-)		Relative To Grade 0 %					
Pavement Markings and Type 1) Centerline, Broken Yellow 6) No Passing, Either Direction 2) Centerline, Solid Yellow 7) Turn Arrow Symbols 3) Centerline, Double Yellow 8) Center Turn Lane Line 4) Lane Line, Broken White 9) Edge Line, Left, Yellow 5) Lane Line, Solid White 10) Edge Line, Right, White 11) Other				Highway Description <input checked="" type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Div., Unpro. Median <input type="checkbox"/> 3) Two-Way, Div., Median Barrier <input type="checkbox"/> 4) One-Way, Not Div. <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> 6) Other	
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark - No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark - Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 3) Backing <input type="checkbox"/> 7) Sideswipe - Overtaking <input checked="" type="checkbox"/> 4) Angle <input type="checkbox"/> 8) Non - Collision <input type="checkbox"/> 9) Unknown		Location of First Event <input checked="" type="checkbox"/> 1) Travel Lane 1 <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other			
Highway / Environment Factors <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Construction <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Ice, Snow, Slush <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 6) Other Environmental		Describe Property Damage To Other Than Vehicle By: <u>John Burgess</u> Owner's Address: (Street Address) <u>2500</u> Date: <u>6/5/06</u>					
First Harmful Event Code #: 21 Description: 214 MOTOR VEHICLE IN TRANSPORT							
Description of Accident / Narrative V2 WAS TRAVELING E/B ON GARWOOD IN T1 OF ONE E/B TRAVEL LANE. V1 WAS TRAVELING N/B ON RANSOM IN T1 OF ONE N/B TRAVEL LANE. V1 HAD STARTED TO MAKE A TURNING MOVEMENT FROM N/B RANSOM TO W/B GARWOOD. V1 CROSSED THE PATH OF V2 WHICH HAD THE RIGHT OF WAY. V1 FAILED TO YIELD THE RIGHT OF WAY FROM AN UNCONTROLLED INTERSECTION. BOTH DRIVERS WERE TRANSPORTED TO UMC TRAUMA WITH NON LIFE THREATENING INJURIES. D1 WAS CITED FOR CAUSING THE COLLISION.							
<input type="checkbox"/> 1) Continued On Back of Scene Information Sheet							
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Photos Taken <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Statements <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No #	Date Notified 6/4/2006	Time Notified 16:52	Arrival Date 6/4/2006	Arrival Time 17:05
Investigator(s) 7339 P. SOLOMON		ID Number 7339	Date 6/4/2006	Reviewed By 3378 KEITH BOWERS		Date Reviewed 6/5/2006	Page 1 of 6

KEYES
000006

Event Number: 060604-2238	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 5/21/83</small>	Accident Number: LVMPD-060604-2238 <hr/> Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT
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Description of Accident / Narrative Continuation

Indicate North

A.I.C.: 4FT E/W, 15FT N/S

KEYES
000007

Page
2 of 6

Event Number: 060604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>		Accident Number: LVMPD-060604-2238																									
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT																									
Direction of Travel: <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Highway / Street Name: RANSOM			Travel Lane #: T1																								
Vehicle Action: <input type="checkbox"/> 1) Straight <input checked="" type="checkbox"/> 2) Left Turn <input type="checkbox"/> 3) U-Turn <input type="checkbox"/> 4) Wrong Way <input type="checkbox"/> 5) Passing <input type="checkbox"/> 6) Leaving Parked <input type="checkbox"/> 7) Leaving Lane <input type="checkbox"/> 8) Enter Parked (P) <input type="checkbox"/> 9) Lane Change <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 11) Backing <input type="checkbox"/> 12) Right Turn <input type="checkbox"/> 13) Parked <input type="checkbox"/> 14) Stopped (S) <input type="checkbox"/> 15) Racing <input type="checkbox"/> 16) Entering Lane <input type="checkbox"/> 17) Other Turning <input type="checkbox"/> 18) Driverless Vehicle <input type="checkbox"/> 19) Other																													
Driver: Last Name, First Name: <i>Melinda Marie Saffell</i> DUFALA CYNTHIA			Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other CITY FIRE																										
Street Address: 6340 FACTOR			Transported To: UMC TRAUMA																										
City: LAS VEGAS		State / Country: NV	Zip Code: 89107	Person Type: 1	Seating Position: 01																								
DOB: 12/5/1958		Phone Number: 7020		Injury Severity: C	Injury Location: 8																								
<input type="checkbox"/> 1) Male <input checked="" type="checkbox"/> 2) Female		OLN: 1601076230		Airbags: 3	Airbag Switch: 1																								
State: NV		License Status: 0	Ejected: 0																										
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:		Restrictions:																									
Alcohol/Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Urine Test <input type="checkbox"/> 3) Evidentiary Breath <input type="checkbox"/> 4) Blood Test <input type="checkbox"/> 5) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results: <input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown																									
Vehicle Year: 2002	Vehicle Make: DODGE	Vehicle Model: STRATUS	Vehicle Type: 4D-SEDAN, 4 DOOR																										
Plate / Permit No.: LVD136	State: NV	Expiration Date: 10/27/2006	Vehicle Color: WHITE																										
Vehicle Identification Number: 1B3EL46RX2N330343			Vehicle Factors: <input type="checkbox"/> 1) Failed To Yield Right Of Way <input type="checkbox"/> 2) Negligent Control Device <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 7) Drove Left Of Center <input type="checkbox"/> 8) Other <input type="checkbox"/> 9) Failed To Maintain Lane <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 11) Unsafe Lane Change <input checked="" type="checkbox"/> 12) Made Improper Turn <input type="checkbox"/> 13) Over Corrected Steering <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 15) Aggressive / Reckless / Careless <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 20) Road Block (S) <input type="checkbox"/> 21) Object Avoidance <input type="checkbox"/> 22) Unknown (S)																										
Registered Owner Name: DUFALA CYNTHIA <input checked="" type="checkbox"/> 1) Same As Driver			Registered Owner Address: 6340 FACTOR NV 0																										
Insurance Company Name: AAA INS			Insurance Company Address or Phone Number: 702 870 9171 EXT 248																										
Policy Number: 907006			Effective: 8/19/2005																										
To: 8/19/2006			Insurance Company Address or Phone Number: 702 870 9171 EXT 248																										
Towed By: QUALITY TOW			Removed To: TOW YARD																										
Traffic Control			Speed Estimate																										
F 1) Speed Zone 2) Signal Light 3) Flashing Light 4) School Zone 5) Ped. Signal 6) No Parking 7) No Controls 8) Warning Sign 9) Turn Signal 10) Other			11) Stop Sign 12) Yield Sign 13) R. R. Sign 14) R. R. Gate 15) R. R. Signal (S) 16) Marked Lane 17) Tire Chain/Snow Req. 18) Permissive Green 19) Unknown																										
Distance Traveled After Impact: 0			Extent Of Damage <input type="checkbox"/> 1) Minor <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown																										
Sequence Of Events			Damaged Areas <input checked="" type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Harmful Event</th> </tr> </thead> <tbody> <tr> <td>1st 21</td> <td>214 MOTOR VEHICLE IN TRANSPORT</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Code #	Description	Collision With Fixed Object	Most Harmful Event	1st 21	214 MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2nd		<input type="checkbox"/>	<input type="checkbox"/>	3rd		<input type="checkbox"/>	<input type="checkbox"/>	4th		<input type="checkbox"/>	<input type="checkbox"/>	5th		<input type="checkbox"/>	<input type="checkbox"/>	Violation CCO FAIL TO YIELD ROW UNCONTROLLED INTERSECT (NRS Code:14.32.070) NDC 00992 Citation Number		
Code #	Description	Collision With Fixed Object	Most Harmful Event																										
1st 21	214 MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>																										
2nd		<input type="checkbox"/>	<input type="checkbox"/>																										
3rd		<input type="checkbox"/>	<input type="checkbox"/>																										
4th		<input type="checkbox"/>	<input type="checkbox"/>																										
5th		<input type="checkbox"/>	<input type="checkbox"/>																										
Investigator(s) 7339 P. SOLOMON			ID Number 7339																										
Date 6/4/2006			Reviewed By 3378 Keith Bowers																										
Date Reviewed 6/5/2006			Page 3 of 6																										

KEYES
000008

Event Number: 060604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/83</small>		Accident Number: LVMPD-060604-2238 Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:				Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:				Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:				Transported To:	
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:	
<input type="checkbox"/> 1) Trailing Unit 2 VIN:		Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:	
<input type="checkbox"/> 1) Trailing Unit 3 VIN:		Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:	
Commercial Vehicle Configuration					
<input type="checkbox"/> 1) Commercial Vehicle: <input type="checkbox"/> 2) School Bus					
<input type="checkbox"/> 1) Bus, 5 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle		<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Double <input type="checkbox"/> 9) Tractor / Triple <input type="checkbox"/> 10) Truck with Trailer		<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle	
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 26,000 Lbs <input type="checkbox"/> 3) ≥ 26,000 Lbs <input type="checkbox"/> 1) Haz-Mat <input type="checkbox"/> 2) Released	
Carrier Street Address:		City:	State: <input checked="" type="checkbox"/> 1) NV	Zip: 0	
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chpts <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 5 - 15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable		Haz-Mat ID #: Hazard Classification #:		Type of Carrier <input type="checkbox"/> 1) Single state <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
		NAS Safety Report #:		Carrier Number:	
				Page 4 of 6	

 KEYES
 000009

Event Number: 060604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/21/03</small>		Accident Number: LVMPD-060604-2238	
Vehicle # 2	#Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
Direction of Travel: <input type="checkbox"/> 1) North <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West		Highway / Street Name: GARWOOD			Travel Lane #: T1
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Enter Parked (#) <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped (Δ) <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 14) Other Turning <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 18) Other					
Driver: <small>(Last Name, First Name, Middle Name Suffix)</small> KEYES CHRISTINE			Transported By: <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other CITY FIRE		
Street Address: 108 OPAL MAE			Transported To: UMC TRAUMA		
City: LAS VEGAS	State / Country: <input checked="" type="checkbox"/> 1) NV	Zip Code: 89107	Person Type: 1	Seating Position: 01	Occupant Restraints: 7
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: 5/27/1960	Phone Number: 7020	Injury Severity: 8	Injury Location: 8	4 1
OLN: 2101971785	State: <input checked="" type="checkbox"/> 1) NV	<input type="checkbox"/> 1) C/DL <input checked="" type="checkbox"/> 2) DL	License Status: 3	Airbags: 3	Airbag Switch: 1 Ejected: 0 Trapped: 0
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions	
Alcohol/Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drug <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown	
Vehicle Year: 2004	Vehicle Make: HYUNDAI	Vehicle Model: ACCENT	Vehicle Type: 4D-SEDAN, 4 DOOR		
Plate / Permit No.: 030TCL	State: <input checked="" type="checkbox"/> 1) NV	Expiration Date: 04/15/2007	Vehicle Color: GREEN		
Vehicle Identification Number: KMHC645C24U505194					
Registered Owner Name: KEYES CHRISTINE <input checked="" type="checkbox"/> 1) Same As Driver					
Registered Owner Address: 108 OPAL MAE NV 0					
Insurance Company Name: PRIMERO INS. <input checked="" type="checkbox"/> 1) Insured					
Policy Number: NV0072773		Effective: 5/18/2006	To: 6/18/2006		
Insurance Company Address or Phone Number: 702 647 8448					
<input checked="" type="checkbox"/> 1) Vehicle Towed		Towed By: QUALITY TOW			
Removed To: TOW YARD					
Traffic Control F 1) Speed Zone 11) Stop Sign 2) Signal Light 12) Yield Sign 3) Flashing Light 13) E. R. Sign 4) School Zone 14) R. R. Gate 5) Ped. Signal 15) R. R. Signal (#) 6) No Passing 16) Marked Lane 7) No Controls 17) Tire Chains/Snow Req. 8) Warning Sign 18) Permit Use Green 9) Turn Signal 19) Unknown 10) Other		Distance Traveled After Impact 16 0 1 - Feet	Speed Estimate From 0 To 0 Limit 25		Extent Of Damage <input checked="" type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown
Sequence Of Events					
Code #		Description		Collision With Fixed Object	Most Harmful Event
1st	21	214 MOTOR VEHICLE IN TRANSPORT		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd				<input type="checkbox"/>	<input type="checkbox"/>
3rd				<input type="checkbox"/>	<input type="checkbox"/>
4th				<input type="checkbox"/>	<input type="checkbox"/>
5th				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1)		Violation		NOC	Citation Number
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (2)		Violation		NOC	Citation Number
Investigator(s) 7339 P. SOLOMON		ID Number 7339	Date 6/4/2006	Reviewed By 3378 Keith Bowers	Date Reviewed 6/5/2006 Page 5 of 6

KEYES
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Event Number: 060604-2238		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 5/2/03</small>		Accident Number: LVMPD-060604-2238 Agency Name: 2 - LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
Name: <small>(Last Name, First Name, Middle Name Suffix)</small>		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: <small>(Last Name, First Name, Middle Name Suffix)</small>		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: <small>(Last Name, First Name, Middle Name Suffix)</small>		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:	
<input type="checkbox"/> 1) Trailing Unit 2 VIN:		Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:	
<input type="checkbox"/> 1) Trailing Unit 3 VIN:		Plate:	State: <input checked="" type="checkbox"/> 1) NV	Type:	
Commercial Vehicle Configuration <input type="checkbox"/> 1) Commercial Vehicle: <input type="checkbox"/> 2) School Bus					
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle		<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Double <input type="checkbox"/> 9) Tractor / Triple <input type="checkbox"/> 10) Truck with Trailer		<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle	
		Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest		<input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side of Vehicle <input type="checkbox"/> 6) Other	
Carrier Name:		Power Unit GVWR <input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 26,000 Lbs <input type="checkbox"/> 3) ≥ 26,000 Lbs		<input type="checkbox"/> 1) Haz-Mat <input type="checkbox"/> 2) Released	
Carrier Street Address:		City:	State: <input checked="" type="checkbox"/> 1) NV	Zip: 0	
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chpts <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 9 - 15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable		Haz-Mat ID #: Hazard Classification #:		Type of Carrier <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) US DOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
		NAS Safety Report #:		Carrier Number:	
				Page 6 of 6	

 KEYES
 000011

Scene Page Codes

Person Type:

1 - Driver 3 - Witness 5 - Pedal Cyclist 7 - Wheelchair
2 - Passenger 4 - Pedestrian 6 - Skater 88 - Unknown

Pavement Marking Types:

1 - Paint 3 - Thermoplastic 5 - Permanent Inlay 77 - Other
2 - Material 4 - Raised Markings 6 - Tape 88 - Unknown

Use the following codes to complete the 'First Harmful Event' located on the scene page, the 'Sequence of Events and 'Most Harmful Event' located on the Vehicle and Non-Motorist pages

Non-Collision:

101 - Overturn / Rollover 104 - Jackknife 107 - Separation of Units 110 - Cross Median / Centerline
102 - Fire / Explosion 105 - Cargo / Equipment Loss or Shift 108 - Ran Off Roadway Right 111 - Other Non-Collision
103 - Immersion 106 - Equipment Failure (Blown Tire, Brake Failure, etc.) 109 - Ran Off Roadway Left 112 - Unknown Non-Collision

Collision with Person, Vehicle or Movable Object:

201 - Pedestrian 206 - Cattle 211 - Big Horn Sheep 216 - Work Zone Maintenance Equipment
202 - Pedal Cyclist 207 - Deer 212 - Elk 217 - Slow / Stopped Vehicle
203 - Railway Vehicle (e.g. Locomotive Rail Car) 208 - Horse 213 - Other Animal 218 - Other Movable Object
204 - Dog / Coyote 209 - Bear 214 - Motor Vehicle in Transport (Moving Vehicle) 219 - Unknown Movable Object
205 - Burro 210 - Antelope 215 - Parked Motor Vehicle

Collision with Fixed Object:

301 - Impact Attenuator / Crash Cushion 307 - Guardrail End 313 - Other Post, Pole or Support 319 - Fence / Wall
302 - Bridge Overhead Structure 308 - Median Barrier 314 - Culvert 320 - Other Fixed Object (Building Tunnel etc.)
303 - Bridge Pier or Abutment 309 - Highway Traffic Sign Post 315 - Ditch 321 - Work Zone
304 - Bridge Parapet End 310 - Overhead Sign Support 316 - Embankment 322 - Unknown Fixed Object
305 - Bridge Rail 311 - Light / Luminary Support 317 - Tree / Shrub
306 - Guardrail Face 312 - Utility Pole 318 - Mailbox

Use the following codes to complete the areas on the Vehicle and/or Non-Motorist pages

Driver License Status:

0 - Valid
1 - Normal with Restrictions
2 - Violation beyond Restriction
3 - Suspended
4 - Revoked
5 - Endorsements Violation
6 - No Valid Drivers License
7 - Expired License
8 - No License Required
88 - Unknown

Driver License Endorsements:

M - Motorcycle, Moped or Tri-mobile
R - Recreational (single vehicle > 26001 lbs GVWR towing a combination of vehicles weighing > 10,000 lbs not to exceed 70 feet)
J - Exceeds 10,000 lbs GVWR
F - Fire, Farm, Military exemption from commercial license requirements
T - Doubles and Triples
P - Passengers
X - Hazardous Materials and Tanker
N - Tankers
H - Hazardous Materials

Day Codes:

1 - Sunday 5 - Thursday
2 - Monday 6 - Friday
3 - Tuesday 7 - Saturday
4 - Wednesday 88 - Unknown

Traffic Control Key:

F = Functioning
NF = Not Functioning
O = Obscured

Driver License Restrictions:

00 - None 05 - Outside Mirrors 10 - Vehicle without Air-Brakes 77 - Other
01 - Corrective Lenses 06 - Limit to Daylight Only 11 - Except Class A Bus
02 - Mechanical Devices (special brakes, hand controls, or other adaptive devices) 07 - Limit to Employment 12 - Except Class A and Class B Bus
03 - Prosthetic Aids 08 - Limited (other) 13 - Except Tractor-Trailer
04 - Automatic Transmission 09 - CDL Intrastate Only 14 - Farm Waiver

Seating Position:

01 - Front Seat - Left Side (Motorcycle Driver) 09 - Third Seat - Right
02 - Front Seat - Middle 10 - Sleeper Section of Cab (Truck)
03 - Front Seat - Right Side 11 - Passenger in Other Enclosed Passenger or Cargo Area (non-trailing unit such as a bus, etc.)
04 - Second Seat - Left Side (Motorcycle Passenger) 12 - Passenger in Unenclosed Passenger or Cargo Area (non-trailing units such as a pickup, etc.)
05 - Second Seat - Middle 13 - Trailing Units
06 - Second Seat - Right Side 14 - Riding on Vehicle Exterior (non-trailing unit)
07 - Third Seat - Left Side (Motorcycle Passenger) 15 - Unknown
08 - Third Seat - Middle

Occupant Restraints:

01 - Not Installed 09 - Child Safety Seat Used
02 - Not Used 10 - Improper Use of Child Safety Seat
03 - Used Shoulder Belt Only
04 - Improper Use of Shoulder Belt 11 - Helmet Used
05 - Used Lap Belt Only 12 - Improper Use of Helmet
06 - Improper Use of Lap Belt 13 - Restraint Used Unknown
07 - Used Shoulder and Lap Belt
08 - Improper Use of Shoulder and Lap Belt

Injury Location:

0 - No Injury 5 - Abdomen and Pelvis
1 - Head 6 - Spine
2 - Face 7 - Upper Extremity
3 - Neck 8 - Lower Extremity
4 - Thorax (chest) 9 - Unspecified

Injury Severity:

K - Fatal Injury C - Claimed
Nonfatal Injury O - No Injury
A - Incapacitating N - Not Reported
B - Non-Incapacitating U - Unknown

Ejected:

0 - Not Ejected
1 - Totally Ejected
2 - Partially Ejected
3 - Not Applicable
88 - Unknown

Trapped:

0 - Not Trapped
1 - Extracted by Mechanical Means
2 - Freed by Non-Mechanical Means
88 - Unknown

Airbags:

1 - Not Installed
2 - Not Deployed
3 - Deployed, Front
4 - Deployed, Side
5 - Deployed, Front and Side
6 - Deployment Unknown

Airbag Switch:

1 - ON-OFF Switch not Present
2 - Switch in ON Position
3 - Switch In Off Position
4 - Unknown if ON-OFF Switch Present
5 - Unknown Switch Position

Inattention / Distraction:

1 - Cell Phone 7 - Animals
2 - Electronic Equipment 8 - Personal Hygiene
3 - Radio / CD Player 9 - Reading
4 - Smoking 77 - Other
5 - Eating 88 - Unknown
6 - Children

Mechanical Defects:

1 - Tires 5 - Mechanical
2 - Brakes 6 - Hitch
3 - Steering 7 - Head Lights
4 - Stuck Accelerator 88 - Unknown

KEYES
000012

Code List